

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069326

1. Entity Name

MEDICAL ASSOCIATES, P.A.

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90025 012 \*\*\*150.00

Principal Place of Business

Mailing Address

801 WEST OAK STREET  
SUITE 205  
KISSIMMEE FL 34741

801 WEST OAK STREET  
SUITE 205  
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

720 W. OAK STREET

720 W. OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 312

SUITE # 312

City & State

City & State

KISSIMMEE, FL

KISSIMMEE, FL

Zip

Country

Zip

Country

34741

OSCEOLA

34741

OSCEOLA

4. FEI Number

59-3526972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDDIQUE, IRFAN DR  
801 W OAK ST.  
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SIDDIQUE, IRFAN  
801 WEST OAK STREET  
KISSIMMEE FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

Daytime Phone #

CR2E034 (10/00)